

Attachment C6

SUMMARY INSTRUCTIONS FOR COMPLETION
OF PRIOR AUTHORIZATION FOR HEARING AIDS

1. Following the performance of an otological examination and evaluation by a Wisconsin medical assistance certified physician, the recipient will present a copy of the Physician's Report (PA/OF) to the audiologist for audiological testing, evaluation and recommendation. The audiologist must receive this report prior to performance of audiological testing.
2. The audiologist completes forms PA/ARF1 and PA/ARF2. These forms are a summation of the audiologist's testing, evaluation and recommendations.
3. The audiologist submits the physician's Otological Report (PA/OF) and forms PA/ARF1 and PA/ARF2 to the Prior Authorization Unit.
4. A copy of the PA/ARF1 and PA/ARF2 will be returned to the audiologist with notification of the decision rendered by the program consultant. The recipient will also receive a copy of WMAP forms with notification of the request approval or denial. The recipient will present his/her copy of forms PA/ARF1 and PA/ARF2 to a Wisconsin medical assistance certified hearing aid dealer for procurement of the hearing aid.
5. The hearing aid dealer advises the recipient to return within thirty days of receiving the hearing aid for a hearing aid performance check.

* * * * *

NOTE: Form PA/OF is completed by the physician.

Forms PA/ARF1 and PA/ARF2 are completed by the audiologist.

Hearing aid dealers should refer to Section B of this bulletin for examples of these forms.